| POSITION | | IT NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 48 | 1/3/01 |
| FORMALITY REVIEW | MB | 954 | 8/2/00 |
| RESPONSE FORMALITY REVIEW | SC | 809 | 3/19/01 |
| | | | |

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| − (Through numeral)... Canceled | A ............................... Appeal |
| ÷ ................................. Restricted | O ............................... Objected |

| Claim (Final / Original) | Date | | | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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